

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101773566 FILING DATE _____
APPLICANT(S) _____

76105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
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49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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51	/				
52					
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94					
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96					
97					
98					
99					
100					
TOTAL IND.	16				
TOTAL DEP.	22				
TOTAL CLAIMS	38				